Looking back to 2010/11

Quality Account 2010/11
Where are we now? A Balanced Strategy

Financial Strength
We will develop and deliver robust plans that generate surpluses to invest in quality

Patients, GPs and Commissioners
We will insist on the best service to our Patients, GPs and Commissioners

Putting Patients First

Quality and Safety
We will always provide the right care for our patients

Learning and Growth
We will develop our staff and our internal processes to sustain our ability to change and improve
Where are we now? Clear Values

- **Putting Patients First**
  - Ensuring that the needs of patients are at the heart of our decisions.

- **Honesty and Integrity**
  - New Centres in place from 1 October

- **Being a Clinically-Led Organisation**
  - Leading Improvement in Patient Safety.

- **Working and Collaborating Together**
  - Taking Pride in our Work and our Organisation

- **Encouraging Individual Ability and Creativity**
  - Being more open. Improving the way we respond to complaints.

- **A new way of working through Devolution and Cooperation.**

- **Staff Conversations.**
We know what we need to do …

Deliver and maintain improvements in quality and performance

Celebrate success and focus on Putting Patients First

Improve productivity and live within our means

A Healthy Future for the Trust

Deliver safe and sustainable services through reconfiguration

An engaged workforce through Devolution and Cooperation

Achieve NHS Foundation Trust status

Putting Patients First
Making progress on A&E

SaTH Progress on 95% A/E Target April-Aug 11

Performance based on weekly submissions to Unify
Venous Thromboembolism (VTE)

End of August at 85% (unvalidated figures)

Infection Prevention and Control

- MRSA year to date = 0 (compared with 2 at the same point last year)
- CDiff year to date = 19
- MSSA year to date = 28 cases (11 cases post 48hrs)
- E-Coli 15 in July (reporting commenced June)
- Hand hygiene 98%, with Doctors at 91%

Stroke

Regional rota supported by telemedicine

**TIA services have won a national award for best contribution to QIPP**
- CT scan within 24hrs: 86% against a target 88%
- Admission to Acute Stroke Unit within 4hrs: 74.2% against target of 49%
- 90% of time on Acute Stroke Unit: 90.24% against target 80%
- Proportion of patients receiving thrombolysis: 7.3%
Making progress on discharge

Patients, GPs and Commissioners
We will insist on the best service to our Patients, GPs and Commissioners

SaTH Discharge Performance by Month - 2011

PRH Discharge Performance by Month - 2011

RSH Discharge Performance by Month - 2011
Improving Outpatients and Booking

- Major improvements in cancer waiting times

- In other specialties, too many patients are still waiting too long

- We are making progress

- A continued major focus going forward – we expect and demand big improvements for our patients
Looking To The Future

- Outline Business Case (OBC) presented to Joint Health Overview and Scrutiny Committee on 23 August

- OBC approved by Trust Board on 25 August, and by PCT Boards on 13 September

- OBC presented to SHA on 27 September

- Continue to work with staff, patients and communities to develop the Full Business Case by Spring 2012

- Meetings, workshops and focus groups throughout the Autumn to update and involve patients and local communities
There are financial challenges across the whole NHS and public sector.

We are not immune – and the solutions are in our grasp.

This year our goal must be recurring financial balance.

Looking ahead, we need to deliver a £20m savings plan.

There are plenty of ideas coming up through the organisation – we need to be bold and committed to delivering these so that our future remains in our hands.

There are plenty of opportunities, e.g.
  - we spend have spent £10.3m in the past year on agency doctors.
  - many patients spend too long in our hospitals compared with similar hospitals across the country.

An example: Reducing medical agency costs

Better for us – fewer temporary staff, with all the additional work, induction, supervision and support that this entails.

Better for patients – directly employed staff who understand our hospitals, our systems and the people they are working with

Better for the budget – fewer excess agency costs
Planning for the future

Changing Demography

- 87 more beds over the next 5 years
- 178 more beds over the next 10 years

Improving Productivity

- 148 fewer beds, 25% to upper quartile length of stay
- 296 fewer beds, 50% to upper quartile length of stay

Financial Strength

We will develop and deliver robust plans that generate surpluses to invest in quality
Becoming an NHS Foundation Trust

- Subject to the Health and Social Care Bill, it will not be possible in future to be an NHS Trust
- NHS Trusts must become NHS Foundation Trusts or other alternatives will be identified
- We have agreed our Tripartite Formal Agreement (TFA) with the Department of Health – some other Trusts are not in this position
- Becoming an NHSFT is contingent on:
  - Being in recurrent financial balance
  - Delivering on the reconfiguration programme
  - Achieving targets for quality and performance
Centres begin from 1 October
Centre Chiefs in post – appointments continuing to clinical and operational management structure

Staff Conversations taking place throughout September – engaging staff in shaping our future and building pride in the organisation

Management Team now fully in post – with Victoria Maher arriving soon as Workforce Director
In summary

• Quality and safety is measurably improving
• Performance is improving – but we still have issues that we need to solve on 18 weeks, booking and appointments
• We have a clear financial strategy
• We are on track to become NHSFT with plan agreed with DH
• Centres launch on 1 October – a major step in taking control of our future
Questions?

September 2011